"Dr. B. G. Babington has analysed the fluid with great care, and states its specific gravity to be 1004. It does not coagulate by heat, acids, or alcohol, and consequently does not contain albumen. Tincture of galls produces no immediate precipitate, but after standing some hours a few brown flocculi subside, proving that it contains a very little gelatine. On evaporation, 1000 grains yield 10 grains of solid matter, chiefly chloride of soda, proved by precipitation with nitrate of silver. The liquid therefore contains, in 100 parts—

Water, - - - - -	99.
Gelatine, - - - - -	.1
Chloride of soda, - -	.845
Other salts and loss, - -	.055
	100.000

"In no instance has clearly marked congenital disease been permanently benefitted, and those cases have done best in which effusion manifestly resulted from inflammatory action, and in which cerebral excitement followed the operation."

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33. *Causes which retard the consolidation of Fractures.* The *Archives Générales* for August, contains an interesting article on this subject, by M. Louis Fleury.—Two indications must be fulfilled, observes M. F., to insure the perfect consolidation of fractures: 1st. Placing the broken ends in contact. 2nd. The maintaining them in this position. The former is done with facility, but there are some difficulties in accomplishing the latter. At the present day, most surgeons are of opinion that complete immobility of a fractured limb, joined to strong pressure on the soft parts, are the best means of maintaining the fragments in position, and of obtaining a quick and regular consolidation. Unfortunately, these means are frequently unsuccessful; and, notwithstanding the care used in their application, the callus is frequently thrown out in an irregular manner, or perhaps never formed at all. What, then, are the causes which prevent or retard the consolidation of a fracture? Authors have enumerated a great number, but seem to have overlooked a very important one. Scrofulous and venereal affections, old age,—rents in the periosteum,—formations of pus,—cold applications,—all, undoubtedly, exercise a prejudicial influence. But, by far the most frequent of all the causes, is the apparatus used with the view of favouring the consolidation, which it prevents by the compression it exercises upon the vessels of the limb; whether this compression is inevitable, as in the moveable apparatus, or produced voluntarily by the surgeon.

If a fractured thigh be placed in a thick layer of soft materials, the effects of the compression cannot be very appreciable; for, in this case, although the capillary circulation and the small arterial branches are more or less restricted, still the large vessels continue free. The same does not occur in the forearm or leg, where compression, ever so slight, interrupts the course of the blood, not only in the superficial vessels, but also in those which supply the fractured bone and periosteum. In order to obtain a rapid and regular consolidation, we must be careful not to apply more splints than are absolutely necessary, and not to bind these too tight by means of bandages. In following an opposite method, we wait, sometimes, three, four, or six months, for a union which has not yet commenced. It is then that the surgeon, eager at each dresing to reapply the apparatus, with more care, that is to say, to augment the number of splints, surrounds the limb more exactly, &c., finds himself deceived; and the more he renews his efforts, by the same means, the greater is the distance separating him from his object.

The following case, one of four reported, exemplifies the beneficial results of this practice.

Case. C. D. aged 41 years, had a fall on the 15th of February, 1836, broke his right leg, and entered the same day the Hospital of St. Louis. The fracture was complete, situated immediately above the internal malleolus, and complicated with a deep excoriation and extensive ecchymosis. The wound was dressed with cerate, the rest of the leg covered with charpie dipped in the white of egg, and the ordinary apparatus for fractures of the leg immediately applied. The member was maintained in absolute repose during six weeks. On the 10th of April, the apparatus was removed, the wound was found cicatrized; the ecchymosis had disappeared, but the consolidation had not commenced. The apparatus was reapplied, and a more generous diet ordered. On the 30th of April, the consolidation was a little more advanced. The splints and anterior cushions were then removed, and the limb sprinkled with spirits of camphor. From this period the callus rapidly solidified; by the end of the month of May, it was very resistant, almost inappreciable to the touch, and the patient quitted the hospital.

34. *Kreosote in Gonorrhœa and Gleet.*—Dr. Robert Dick, of Glasgow, has employed the kreosote in the chronic stage of gonorrhœa and in gleet, and thinks its beneficial effects are more obvious than those of copaiba. He administers it in doses of two drops a day, with loaf sugar beaten into syrup, with water.—*Edinburgh Med. and Surg. Journal*, April, 1838.

35. *On the Resection of the Facial Bones.* By Professor Dieffenbach, of Berlin.—The resection of degenerated bones of the face, or the excision of tumours situated between them, belongs to the class of the most formidable operations. It is only in modern times that these operations have been performed to any great extent, and to Professor Saeger, at Erlangen, belongs especially the great merit, not only of having zealously collected all that had been done in this respect, but of having recommended the resection of diseased bones in a great many cases, and having executed himself a variety of the most important and ingenious operations of this kind. I add to his rich experience some cases from my own observation, the number of which, however, is not great, as I began to attempt the extirpation of diseased parts of the upper jaw, and other facial bones, only a few years since, though I had performed, long before, the resection of other bones. Some minor resections of the alveolar process met with success, and gave me confidence for greater operations, in which the success I met with was no less satisfactory.

Case I. The first patient from whom I removed an osteosarcomatous degeneration of part of the alveolar process, was a man 38 years of age. There was a fungous softening, of the size of a small hazel-nut, on the alveolar process of the left side, which surrounded the small incisor. The tooth was loose in the fungous mass, and blood oozed at its sides. I excised with a small saw the diseased part of the bone, in the form of a wedge, and touched the remaining bones with the incandescent iron. Some splinters of the bones having afterwards exfoliated, the wound furnished healthy granulations. In six weeks the depression having greatly diminished in its size, was covered with a smooth scar, and the man was cured without relapse.

Case II. I resected from a woman 38 years of age, who likewise suffered with an osteosarcoma of the alveolar process, which had attained the size of a walnut in the space of a year, the alveolar process, with one molar, one eye-tooth, and one incisor. In this case, also, I made use of the incandescent iron after the operation, for the purpose both of stopping bleeding and procuring exfoliation. After two months the cure was complete, and no relapse followed.

Case III. I excised, from a woman 46 years of age, on account of an osteosarcoma, of the size of a walnut, a part of the upper jaw, containing two incisors, and the left eye-tooth. The incandescent iron having been used, afterwards some fragments of bone were exfoliated, and the cure followed with a smooth cicatrice.

Case IV. A lady, 46 years of age, was afflicted with a hard dark-blue sarcoma, which originated by degrees, and surrounded the roots of two incisors. I excised the morbid part of the bone, and touched the wound with the iron. The operation was successful, and no relapse followed.

Case V. A delicate young woman, 24 years old, had been suffering for three or four months under an osteosarcoma of the size of a large walnut. It occupied the place of three teeth. I resected it in the form of a wedge as high as the antrum highmorianum, and along the hard palate, on account of the bones there being found softened. The incandescent iron was applied to the wound, and the cure was complete in six weeks. The case is a recent one, and no relapse has yet followed.

Case VI. A young, delicate, fair girl, 24 years of age, suffered under a softening of the alveolar process of the upper jaw, which was developed in the space of a year. She had used, in vain, many external and internal remedies; a loose